



THE SCHOOL OF RADIONICS

INTRODUCTION TO RADIONICS

Information and Application

5th & 6th September 2020

Course Dates:

Saturday 5th and Sunday 6th September 2020

(Attendance at this course is compulsory for anyone intending to attend our Diploma Course to train to become a qualified radionic practitioner).

Place:

Sparsholt College, Westley Lane, Sparsholt, Hampshire SO21 2NF

Times:

It is expected that the course will run as follows:

Saturday: 9.00am until 6.00pm

Sunday: 9.00am until 4.00pm

A timetable with course details will be provided nearer to the course date.

Costs:

Two-day course including *lunch and beverages on both days: £330.00

**Please ensure that you tick the box on the application form should you require vegetarian food*

Please see page 2 of the application form below for accommodation and additional meal costs etc.

Deposit:

A deposit of £75 is required with your booking form. The balance or full payment, including accommodation and meals, is required by **21st AUGUST 2020**.

Cancellations:

We regret that no refunds may be given for any cancellation after the deadline date or for non-attendance.

Dowsing experience:

We require all students to be able to dowse before participating in this weekend course. This is to provide a common background to enable everyone to make greater progress over the two days. If you are unable to dowse, a short tuition session can easily be arranged through the School Secretary (please see the note on the Application Form herewith)

The School Secretary may be contacted by phone on +44 (0)1869 338852 or email secretary@radionic.co.uk

Places on this course are limited so please book promptly to avoid disappointment



INTRODUCTION TO RADIONICS

Application Form – 5th & 6th September 2020

THE SCHOOL OF RADIONICS

PERSONAL DETAILS

Name:

Address:

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Tel: Mobile:

E-mail:

Please tick this box if you **do not** wish to be contacted by us in the future regarding our forthcoming events, courses and latest news.

How did you hear about this course? (Please tick)

Word of mouth Internet While a patient

Advertisement/other (please specify):

Age range (please tick)

Under 25 25-44 45-64 65 +

What do you hope to learn/achieve on the Introduction to Radionics course?

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.....

Please provide details of any relevant experience you may have of radionics and other complementary therapies

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.....

I am able to dowse / I am not able to dowse and would like you to give me the name of my nearest practitioner (**please delete as appropriate**)

Delegate Lists:

It is our usual practice to provide a list of staff and delegates together with contact telephone numbers and e-mail addresses for future 'networking'. Please complete the following:

I **agree/do not agree** (**please delete as appropriate**) for my name and contact details to appear on a delegate list.

Signed: Date



INTRODUCTION TO RADIONICS

Application Form – 5th & 6th September 2020

THE SCHOOL OF RADIONICS

Name: **Date:**

Please tick boxes below to confirm your requirements

1.Course Requirements

I am attending the Introduction to Radionics course on 5th & 6th September
Lunch and beverages for both days are included in this cost.

<i>Course Fee Total</i>	£ 330.00
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I require vegetarian food
(by vegetarian we mean no meat or fish. Those who omit to complete this section will be served non-vegetarian food)

Please note that if you choose not to have lunch or refreshments, no deductions can be given for these.

2.Accommodation & Meal Requirements

I require a meal for Friday evening £ 16.00

I require B&B accommodation for Friday night £ 48.00

I require dinner and B&B accommodation for Saturday night £ 64.00

<i>Accommodation & Meals Total</i>	£
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3.Grand Total (total of sections 1 & 2 above)	£
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4.Deposit (minimum of £75 or full course fee with booking)	£
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5.Balance to Pay – due by 21.08.20 (total of section 3 less section 4)	£
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PAYMENT DETAILS

I enclose a cheque made payable to *The School of Radionics* for £

I have paid by bank transfer for £
HSBC: Bic/Swift Code: HBUKGB4134N / IBAN: GB24HBUK40243761324977
bank account number: 61324977 / sort code: 40-24-37)

Please charge the following credit/debit card for £

Name on card: _____

Card No: _____

Expiry date: _____ Security Code: _____

(the last 3 digits on the back of the card)

Please return this form before 1st August to:

Post: The School of Radionics, Baerlein House, Goose Green, Deddington, OX15 0SZ

Email: secretary@radionic.co.uk

For Office use:

Date received	Method of payment	Amount	Date receipt sent	Comments